



REQUEST FOR INFORMATION

LAST NAME		FIRST NAME		DATE
STREET ADDRESS		CITY	ST	ZIP
				Phone No. ()
FAX NO.	E-MAIL ADDRESS			FILES NEEDED BY:

Is Request For Your Own Personal Records Or
Are You Representing Someone Else?

☐ For My Self

☐ Representing Someone Else

If You Checked Representing Someone Else, Please List Your Relationship With This Individual:

NOTE: If you are not requesting you own Individual Records, you must submit proof with this form that you have the legal authority to obtain personal information on the individual's behalf.

REQUEST FOR RECORDS RELATED TO AN INDIVIDUAL

Please specify as clearly as possible what records you are seeking. Give details and dates helpful to locate and identify the information you wish to copy or review.

OTHER INFORMATION? PLEASE DESCRIBE

SIGNATURE OF REQUESTOR

DATE

PLEASE HAVE NOTARY PUBLIC FILL OUT PAGE TWO.

Mail this form to:

The Department of Managed Health Care
Office of Legal Services
980 Ninth Street, Suite 500
Sacramento, CA 95814

REQUEST FOR INFORMATION ON AN INDIVIDUAL
PAGE TWO: **NOTARY PUBLIC FORM**

State of California

County of _____

} SS.

On (date) _____, before me, _____
Date Name and Title of Officer (e.g. "Jane Doe, Notary Public")

personally appeared _____
Name(s) of Signer(s)

- ☐ personally known to me
☐ proved to me on the basis of satisfactory evidence.

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

(Place Notary Seal Above)

Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer – Title(s): _____
☐ Partner – ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

**RIGHT THUMBPRINT
OF SIGNER**

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